

## **4729-5-20 Prospective drug utilization review.**

(A) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease state contraindications;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage;
- (6) Drug-allergy interactions;
- (7) Abuse/misuse;
- (8) Inappropriate duration of drug treatment; and
- (9) Food-nutritional supplements-drug interactions.

(B) Upon identifying any issue listed in paragraph (A) of this rule, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing an OARRS report or another state's report, pursuant to paragraph (D) of this rule, and/or consulting with the prescriber and/or counseling the patient.

(C) Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following:

- (1) Peer-reviewed medical literature (that is, scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);
- (2) American hospital formulary service drug information; and
- (3) United States pharmacopeia drug information.

(D) Prior to dispensing an outpatient prescription for a reported drug as listed in rule [4729-37-02](#) of the Administrative Code, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period, including a border state's information when the pharmacist is practicing in a county bordering another state if that state's information is available, in any of the following circumstances:

- (1) A patient adds a different or new reported drug to their therapy that was not previously included;
- (2) An OARRS report has not been reviewed for that patient during the preceding twelve months, as indicated in the patient profile;
- (3) A prescriber is located outside the usual pharmacy geographic area;
- (4) A patient is from outside the usual pharmacy geographic area;
- (5) A pharmacist has reason to believe the patient has received prescriptions for reported drugs from more than one prescriber in the preceding three months, unless the prescriptions are from prescribers who practice at the same physical location;
- (6) Patient is exhibiting signs of potential abuse or diversion. This includes, but is not limited to, over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks.

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(E) In the event an OARRS report is not immediately available, the pharmacist shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report.

(F) A pharmacist may use a delegate to request an OARRS report.

(G) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. Based upon information obtained during a prospective drug utilization review, a pharmacist shall use professional judgment when making a determination about the legitimacy of a prescription. A pharmacist is not required to dispense a prescription of doubtful, questionable, or suspicious origin.

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Five Year Review (FYR) Dates: 11/29/2016 and 03/01/2022

Promulgated Under: [119.03](#)

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